

IMPROVEMENT OF THE SANITARY PERSONNEL

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INSPECTION is the most abused activity undertaken in the name of public health. The term itself is enough to cause the public to bristle with antagonism. It brings up a vision of being questioned, of being suspected, and of having to prove innocence of wrongdoing. Such a vision, whether it be based on fact or fiction—doubtless it is based in part upon each—is not conducive to the improvement of public health by public desire or public demand.

Too little attention has been given this phase of health work. In no other field is there seen such a diversity of laws, rules and regulations, such a dispersion of ideas, or such a variety of methods. Lack of standardization in the so-called sanitary inspection divisions of health departments is the thing which strikes the observer most forcibly. In other health activities some measure of standardization has been accomplished. In this one individual experience is the only knowledge used. However, public health science has advanced to a point where we should use the knowledge gained by the experience of others. The lack, therefore, seems to be in the proper collection and transmission of such knowledge.

Three approaches leading to the improvement of this activity of public health, present themselves:

1. Greater interest in improvement and standardization upon the part of state departments of health.
2. More definite courses of study in those schools which are carrying on the education of public health administrators.
3. Courses of study for the personnel of sanitary inspection divisions.

With regard to the first approach it may be said that a few—too few—state health departments have given attention to this work. There has been some at-

tempt at standardization and education, with an examination to determine the fitness of those already doing, or desiring to take up, this work. Such a procedure will produce beneficial results, providing there is some interstate co-relation with regard to education. Without such interstate co-relation we can expect to see 48 different standards.

The second approach, education of public health administrators, must be followed, regardless of what is done with the first or third. It is the administrator who often gives the first training to the inspectors. This is especially true of the administrator who inaugurates a full-time health department in the smaller city or a rural area. Often he has not the power to select his future inspectors, but must educate the men made available through a governing body's appointments.

If the administrator must play the rôle of teacher in the education of his personnel, he must be given a definite groundwork for such teaching. Such a foundation must be broad enough to encompass the problems met in rural-urban sanitation. It must be so planned that the student in public health administration can answer the following questions affirmatively: Can I, with the raw-material personnel which will be available, build up an adequate and efficient inspection division? Do I know what steps should be taken to improve the milk supply, the meat supply, water, rural sewage disposal, garbage disposal, and the other phases of sanitation? If he can answer these questions affirmatively his future path will be much less rocky.

It is through public health courses in universities that knowledge by the experience of others can be transmitted.

The transmission of such knowledge must be accomplished by those who have experienced, and have studied the problems which confront health departments in the United States. Too much emphasis should not be placed upon the problems or methods of solving the problems in any one state or any one district. Such is frequently the case and as a result when the student of health administration takes up his work in some far distant state he finds himself in the unenviable position of possessing the solution to certain problems which existed near his university, but do not exist in his new surroundings. Those problems which do appear cannot be solved by his university formula unless it be a broad one.

The third approach, courses of study for the present personnel of sanitary inspection divisions, is difficult. The viewpoint of many inspectors requires a complete overhauling. The term "inspector" or "inspection," as stated in the opening paragraph is exceedingly provocative. It would be far better to do away with these words as they relate to public health. "Sanitary Instructor" or "Division of Sanitary Instruction" appears to be a better expression, and certainly one which denotes the type of work which should be carried on. A man with the title of "Instructor," and imbued with the importance of his work, is a public health educator. The mental reaction to a title of this kind means a stimulus to improved work. It serves to remove the feeling that, for success in his field, he must continually find fault and be a well-known figure in the court rooms. It is all very well for him to read that, for success, he should possess tact, judgment, strength of character, forbearance, and all the other attributes of only those recently deceased. If he is an "Inspector," he sees his work as that of skeptical inspection rather than tactful instruction.

No better method for the improvement of sanitary instructors could be devised than attendance at a university summer session where emphasis is placed upon courses in public health. It remains for the administrator who is interested in the improvement of public health and in the efficiency of his department to see that those subordinate to him shall be granted the privilege of increasing their value to public health.

The sanitary instructor should know more than the scoring of a dairy or restaurant, the abatement of a nuisance, or how to collect a sample of water. He should know something of general hygiene; something of the problems with which the public health nurse is faced; in short, something of what public health is trying to accomplish. He comes in contact with more adults than any other member of a health department; he is to a large part of the population almost the only evidence that there is a definite program of public health being undertaken. As such, he becomes, if properly used, a bearer of public health education. It is a wise health officer who does not overlook any method for furthering his campaign of education.

There also exists too often a public feeling of "over-inspection." There is cause for such feeling when rooming houses are placed under the observation of one man, bake shops under another, meat markets under another, etc. It is farcical, as well as inefficient, to have these men traversing each other's paths when one man could carry on all the work to be done in a given area.

Let the sanitary personnel be made up of generalists rather than specialists, of instructors rather than enforcers, of aids to public health rather than hindrances. With such a personnel another field of public health will be brought to a higher efficiency, and the result will be a strengthening of the entire chain of public health by making stronger its weakest link.